

**Superior Court of California, County of Ventura
Guardianship Cover Sheet**

Person Who Wants to be Guardian:

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Work Phone Number:

Number of Children in Guardianship:

Only 1 child

More than 1 child

Child(ren) in the Guardianship:

First Child:

Name:

Street Address:

Date of Birth:

City and State of Birth:

Sex (Male or Female):

Second Child:

Name:

Date of Birth:

City and State of Birth:

Sex (Male or Female):

**Person Who Will Talk to the Judge About the Guardianship (called the
Petitioner):**

Name:

Street Address:

City, State, and Zip Code:

Home Phone Number:

Work Phone Number:

BEFORE YOU GO ON, PLEASE CHECK YOUR SPELLING!

GUARDIANSHIP QUESTIONNAIRE
(Probate Code Section 1513)

This information is Confidential and is for the
purpose of determining Guardianship only.

**THIS FORM MUST BE COMPLETED AND
RETURNED WITH THE PETITION.**

MINOR'S NAME _____ CASE NUMBER _____
☐ RELATIVE ☐ NON-RELATIVE

SECTION I - SOCIAL HISTORY

PROPOSED GUARDIAN'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

ADDRESS _____

☐ OWN ☐ RENT ☐ OTHER HOW LONG AT PRESENT ADDRESS _____

PREVIOUS ADDRESSES FOR PAST 3 YEARS _____

PHONE NUMBER (_____) _____ SOCIAL SECURITY NUMBER _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

DRIVER'S LICENSE # _____ STATE LICENSE ISSUED _____

LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAVE YOU EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SPOUSE'S FULL NAME _____

FORMER/OTHER NAME(S) USED _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

EDUCATION, LAST GRADE COMPLETED & SPECIAL TRAINING _____

HAS SPOUSE EVER BEEN ARRESTED FOR AN OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATE, PLACE AND DETAILS _____

DESCRIBE ANY MEDICAL PROBLEMS _____

SECTION II - MARRIAGES

PROPOSED GUARDIAN - ☐ NEVER MARRIED ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

DATE AND PLACE OF PRESENT MARRIAGE _____

NAMES AND AGES OF CHILDREN _____

PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SPOUSE'S PREVIOUS MARRIAGE(S) (List all prior marriages. Use additional paper if necessary.)

NAME OF FORMER SPOUSE _____

DATE AND PLACE OF MARRIAGE _____

DATE AND PLACE OF DIVORCE/DEATH _____

NAMES AND AGES OF CHILDREN FROM FORMER MARRIAGE _____

SECTION III- EMPLOYMENT

PROPOSED GUARDIAN - NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE # (_____) _____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

OTHER SOURCE OF INCOME _____ AMOUNT _____

SPOUSE - NAME AND ADDRESS OF EMPLOYER _____

TELEPHONE #(____)_____ LENGTH OF SERVICE _____

POSITION _____ SUPERVISOR _____

DAYS AND HOURS OF WORK _____ INCOME _____

SECTION IV- OTHER MEMBERS OF HOUSEHOLD

NAME	DATE OF BIRTH	RELATIONSHIP	SCHOOL/OCCUPATION
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SECTION V - CHILD(REN) BEING PLACED UNDER GUARDIANSHIP

NAME _____	AGE _____	DOB _____
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RELATIONSHIP _____	HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
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CUSTODY OF CHILD _____

SCHOOL _____	TEACHER _____	GRADE _____
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DOCTOR _____	TELEPHONE _____
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MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____	AGE _____	DOB _____
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RELATIONSHIP _____	HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
--------------------	---

CUSTODY OF CHILD _____

SCHOOL _____	TEACHER _____	GRADE _____
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DOCTOR _____	TELEPHONE _____
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MEDICAL PROBLEMS/SPECIAL NEEDS _____

NAME _____	AGE _____	DOB _____
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RELATIONSHIP _____	HOW AND WHEN DID PROPOSED GUARDIAN GET PHYSICAL
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CUSTODY OF CHILD _____

CONFIDENTIAL

CONFIDENTIAL

SCHOOL _____ TEACHER _____ GRADE _____

DOCTOR _____ TELEPHONE _____

MEDICAL PROBLEMS/SPECIAL NEEDS _____

CHILD CARE PROVIDER _____ TELEPHONE _____

ADDRESS _____ DAYS/TIME _____

WHY IS GUARDIANSHIP NECESSARY _____

HOW LONG WILL GUARDIANSHIP BE NECESSARY _____

WHAT ARE YOUR FUTURE PLANS FOR THE CHILD(REN)

SECTION VIII - ESTATE

PLEASE INDICATE THE SOURCE OF THE MONEY OR PROPERTY?(I.E., INHERITANCE, GIFT,ETC.)(INCLUDE COPY OF WILL) _____

MONEY VALUE _____ PERSONAL PROPERTY VALUE _____

WHERE WILL MONIES BE PLACED AND HOW HANDLED? (I.E., BLOCKED BANK ACCOUNT) _____

DOES CHILD(REN) HAVE MONEY IN THEIR OWN ACCOUNT? ☐ YES ☐ NO OR HELD JOINTLY? ☐ YES ☐ NO

INDICATE AMOUNT AND NAMES ON JOINT ACCOUNTS.. _____

IS MINOR(S)'S NAME ON DEED TO REAL PROPERTY, STOCKS, BONDS? ☐ YES ☐ NO VALUE _____

SECTION IX- BIRTH PARENTS

MOTHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES MOTHER AGREE WITH GUARDIANSHIP ☐ YES ☐ NO TELEPHONE (_____) _____

FATHER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

DOES FATHER AGREE WITH GUARDIANSHIP ☐ YES ☐ NO TELEPHONE (____) _____

HAVE THE BIRTH PARENTS MADE YOU AWARE OF THEIR PLANS FOR THE CHILD(REN)? ☐ YES ☐ NO

IF YES, EXPLAIN _____

DO YOU BELIEVE THAT EITHER PARENT IS UNFIT TO HAVE CUSTODY? ☐ YES ☐ NO

IF YES, EXPLAIN _____

SECTION X- NOTIFICATION

HAVE THE FOLLOWING RELATIVES BEEN NOTIFIED OF THE PETITION FOR GUARDIANSHIP PURSUANT TO PROBATE CODE SECTION 1511 ?

MOTHER ☐ YES ☐ NO

FATHER ☐ YES ☐ NO

MATERNAL GRANDFATHER ☐ YES ☐ NO

PATERNAL GRANDFATHER ☐ YES ☐ NO

MATERNAL GRANDMOTHER ☐ YES ☐ NO

PATERNAL GRANDMOTHER ☐ YES ☐ NO

ADULT SIBLINGS ☐ YES ☐ NO

IF NO EXPLAIN WHY _____

DO ANY OF THE ABOVE RELATIVES OBJECT TO THE GUARDIANSHIP? WHO? _____

PLEASE INCLUDE COPY OF CHILD(REN)'S BIRTH CERTIFICATE(S).

I declare, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Petitioner's signature

- COUNTY USE ONLY-

CLETS CHECK _____
Date

Clerk

CPS CHECK _____
Date

Clerk

MUSIC CHECK _____
Date

Clerk

CONFIDENTIAL

CONFIDENTIAL

**Superior Court of California
County of Ventura
Family Court Services**

PO BOX 6489
800 SOUTH VICTORIA AVENUE
ROOM 307
VENTURA CA 93009

(805) 662-6694
FAX (805) 654-2240

RELEASE OF SCHOOL INFORMATION

I _____, guardian of _____
Guardian's Name Child's Name
grant permission for _____ to release information about the
health _____
Name of School Official or School
and well-being of the child under guardianship to the Ventura County Superior Court.

Date Guardian's Signature

Guardian's Printed Name

THE SECTION BELOW WILL BE COMPLETED BY THE SCHOOL REPRESENTATIVE

SCHOOL INFORMATION

Case No.: _____

Child's name and age Guardian's name

Address City State Zip

Name of School: _____

Address of School: _____ Phone _____

Student's grade level: _____ Grade Point Average: _____

Name of Teacher/Counselor: _____

How would you describe the student's attendance record? _____

Describe the student's areas of strength and weakness:

SCHOOL INFORMATION

How would you rate the student's general social conduct and adjustment?

Does the student have any special needs? (Please describe)

If yes, what has the school done to address these needs?

Does the student have any special problems? _____

Is the student receiving additional academic or counseling support? Please describe:

Does the student appear properly attired and groomed for school? _____

Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the social/academic needs of the child(ren)?

What further follow up would you recommend?

Name of person filling out form: _____

Title of person filling out form: _____

Signature of person filling out form: _____

Date of signature: _____

Please enclose a photocopy of the most recent grades and immunization record

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VENTURA CA 93009

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RELEASE OF MEDICAL INFORMATION

I, _____, legal guardian of _____
Guardian Child's Name
grant permission for _____
Doctor and Clinic Name and

Clinic Address Clinic Telephone

to release information about the health and well being of the ward to the Ventura Superior Court.

Date: _____
Guardian's Signature

Guardian's printed name

THE SECTION BELOW WILL BE COMPLETED BY THE HEALTH CARE REPRESENTATIVE

MEDICAL INFORMATION

Case Number _____ Medical Number: _____

Child's Name: _____ Date of Birth: _____

Guardian: _____

When was your last appointment with the child?

How often have you seen the child in the past year?

Does the child have any conditions which require regular treatment?

Is the child current on recommended vaccinations? _____

If not, which are overdue? _____

MEDICAL INFORMATION

How would you rate the child's general health? _____

Does the child have any special needs?

Does the child have any special problems?

Do you have any observations or additional comments regarding the caretaker's (parent, grandparent, or relative) history of responsiveness to the medical needs of the child(ren)?

Additional remarks

Name of person filling out form: _____

Title: _____

Signature: _____

Date: _____

MEDICAL INFORMATION

Superior Court of California, County of Ventura

**FAMILY COURT SERVICES
HALL OF JUSTICE
800 South Victoria Avenue
Ventura, California 930
(805) 662-6694
Fax: (805) 654-2240**

INFORMATION RELEASE AUTHORIZATION

I/We, _____ / _____, specifically authorize any public agency, private person or medical doctor, psychologist, treating therapist, or hospital possessing information about me or my minor children, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed court investigator. Such information to be used as the court may deem fit and proper for determination of guardianship. This release includes but is not limited to, treatment for drug and/or alcohol abuse and/or psychiatric treatment, employment records and bank records.

Date

Signature Proposed Guardian

Date

Signature Proposed Co-Guardian

This authorization is effective for one year from the date of signature.

